

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES - July 05, 2019  
*This Contact List is maintained for the use and benefit of Foster Family Agencies and Foster Family Homes located in California only*

	States	Requirement(s)
Own Form	AL, AZ, CO, CT, DC, FL, HI, ID, IL, IA, KS, LA, MD, MN, MS, MT, NE, NV, NM, NY, NC, ND, PA, PR, SC, SD, TN, TX, UT, VA, WA, WY	These states require requests for information to be submitted on the forms they have developed. Links to forms or websites are provided.
Notary	AR, AZ, CO, DC, MD, MT, NE, NH, MA, NM, NY, SC, SD, TN, TX, VA	Best to use their form.
Witness	AL, MS, NE, RI, SC	SC will accept notary or witness.
Signed Release		
Fee	CA - \$15, CO - \$35, ID - \$20, MN - \$20, NE - \$2.50, PA - \$13, RI - \$10, SC - \$8, VA - \$10, WA - \$20, WY - \$10	Processing fees are reimbursable under Title IV-E administrative expenses. CDSS
Original Signature	CA, CO, DC, MD, NJ, NY, NC, SC, SD, TX, WV, WY, Guam	
Picture ID	AK, LA, UT	
State	Contact Information	Procedures / Forms
<b>Alabama</b>	Alabama State Department of Human Resources, Family Services Division Attn: Office of Child Protective Services 50 Ripley Street Montgomery, AL 36130  Contact: Jon Perdue, Program Manager E-mail: <a href="mailto:jon.perdue@dhr.alabama.gov">jon.perdue@dhr.alabama.gov</a> Phone: (334) 242-9500 Fax: (334) 242-0939	Form Required? Yes ( <i>Link Below</i> )  <a href="#">AL FORM DHR-FCS-1598</a> (Rev.12/2009)  Signed release required? Yes, and witnessed  Methods of transmission: Original signature required, mail only  Fee: No  <a href="#">Website</a>

Updates to the information listed should be directed to: [Ric.Sanchez@dss.ca.gov](mailto:Ric.Sanchez@dss.ca.gov)

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<b>Alaska</b>	<p>Department of Health &amp; Social Services Attn: Ken Saucier or Anna Peratrovich 323 East 4th Avenue Anchorage, AK 99051</p> <p>Fax: (907) 269-4098</p> <p>Ken Saucier - (907) 269-4026</p> <p>E-mail: <a href="mailto:Kenneth.Saucier@Alaska.gov">Kenneth.Saucier@Alaska.gov</a></p> <p>Anna Peratrovich - (907) 269-0329</p>	<p>Form Required? Yes (<i>Link Below</i>) – <b>also a valid photo ID/Driver's License</b></p> <p><a href="#">AK FORM 06-9437</a> (Rev.08/2017)</p> <p>Signed release required? Yes</p> <p>Methods of transmission: E-mail, Fax, or US Mail</p> <p>Fee: No</p> <p><a href="#">Website</a></p>
<b>Arizona</b>	<p>Arizona Department of Child Safety Attn: AWA P.O. Box 6123, Site Code CO 10-19 Phoenix, AZ 85005-6030</p> <p>Contact: Yvonne Santos Phone: (602) 364-4255</p> <p>E-mail: <a href="mailto:DCSCentralRegistry@azdcs.gov">DCSCentralRegistry@azdcs.gov</a></p>	<p>Form Required? Yes (<i>Link Below</i>)</p> <p><a href="#">AZ FORM CSO-1058A</a> (Rev.08/2017)</p> <p>Signed release required? Yes</p> <p>Methods of transmission: E-mail</p> <p>Fee: No</p> <p><a href="#">Website</a></p>
<b>Arkansas</b>	<p>Arkansas Child Maltreatment Central Registry Attn: John Lowden P. O. Box 1437, Slot S 566 Little Rock, AR 72203</p> <p>Phone: (501) 682-0405 or (501) 682-8760 Fax: (501) 682-0407</p>	<p>Form Required? Yes (<i>Link Below</i>)</p> <p><a href="#">AR FORM CFS-316</a> (Rev.08/2011)</p> <p>Signed release required? Yes, and notarized</p> <p>Methods of transmission: Fax</p> <p>Fee: No</p>

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<p><b>California</b></p>	<p>California Department of Justice Attn: Bureau of Criminal Information &amp; Analysis CACI</p> <p>P.O. Box 903387 Sacramento, CA 94203-3870</p> <p>Phone: (916) 210-4092 Fax: (916) 227-3253</p> <p>Email: <a href="mailto:CACI-Inquiry@doj.ca.gov">CACI-Inquiry@doj.ca.gov</a></p>	<p>Form Required? Yes (<i>Link Below</i>) BCIA 4057 Child Abuse Central Index Inquiry Request for Out of State Foster Care &amp; Adoption Agencies</p> <p><a href="#">CA FORM</a> (Rev.09/2009) <a href="#">CA Instructions</a></p> <p>Signed release required? Yes – as instructed in link above.</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Note: Processing fees are reimbursable under Title IV-E administrative expenses</p> <p>Fee: <b>\$15</b></p> <p><a href="#">CA DOJ Website</a></p> <p>More info on DSS Adam Walsh Website: <a href="#">CDSS Adam Walsh</a></p>
<p><b>Colorado</b></p>	<p>CDHS, Division of Early Care and Learning Attn: Trails Background Investigation Unit (BIU) 1575 Sherman Street, Garden Level Denver, CO 80203-1714</p> <p>Phone: (303) 866-7436 OR (303) 866-4614 Fax: (303) 866-5340</p> <p>Contact: Shauna Sayer (303) 866-4694</p>	<p>Form Required? Yes (<i>Link Below</i>)</p> <p><a href="#">CO FORM</a> (Rev.05/29/2019) <b>(Applications will NOT be processed if not typed)</b></p> <p>To type the form online, please access the form above. Then, click ‘Download’ at the top of page.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: <b>\$35</b> (paid by CDSS)</p> <p><a href="#">Website</a></p>

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<b>Connecticut</b>	<p>Department of Children and Families Careline Attn: Background Check Unit 505 Hudson Street Hartford, CT 06106</p> <p>Phone: (800) 842-2288 Phone: (860) 560-7000 Fax: (860) 560-7071</p> <p>Contact: Lisa Daymonde E-mail: <a href="mailto:Lisa.Daymonde@ct.gov">Lisa.Daymonde@ct.gov</a></p>	<p>Form Required? Yes (<i>Link Below</i>)</p> <p>Form: <a href="#">CT FORM #3033</a> (Rev.10/2018)</p> <p>Signed release required? Yes, see instructions at website link</p> <p>Methods of transmission: US Mail, Fax, or E-mail to: <a href="mailto:DCF.BackgroundCheck@ct.gov">DCF.BackgroundCheck@ct.gov</a></p> <p>Fee: No</p> <p><a href="#">Website</a></p>
<b>Delaware</b>	<p>OCCL, Criminal History Unit Attn: Concord Plaza, Hagley Building 3411 Silverside Road Wilmington, DE 19810</p> <p>Toll Free: (800) 292-9582 Phone: (302) 892-5800 Fax: (302) 633-5191</p> <p>Contact: Beth Kramer</p> <p>E-mail: <a href="mailto:beth.kramer@delaware.gov">beth.kramer@delaware.gov</a></p>	<p>Form Required? Yes (<i>Link Below</i>)</p> <p><a href="#">DE FORM</a> Child Protection Registry Request</p> <p>Requests should state that the information is required to comply with the Adam Walsh Child Protection and Safety Act of 2006.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail or Fax</p> <p>Fee: No <a href="#">Website</a></p>
<b>District of Columbia</b>	<p>Child &amp; Family Services Agency Attn: Child Protection Register 200 I Street, SE Washington, DC 20003</p> <p>Phone: (202) 727-8885 Fax: (202) 727-8040</p> <p>E-mail: <a href="mailto:cfsa@dc.gov">cfsa@dc.gov</a></p>	<p>Form Required? Yes, (<i>Link Below</i>)</p> <p><a href="#">DC FORM</a> (Rev.04/19) <b>(Form will NOT be processed if not notarized)</b></p> <p>Signed release required? Yes, and notarized</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: No <a href="#">Website</a></p>

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<p><b>Florida</b></p>	<p>Department of Children &amp; Families Attn: Adam Walsh Record Requests 1317 Winewood Blvd. Building 6, 4<sup>th</sup> Floor Tallahassee, FL 32399</p> <p>Phone: (850) 487-6053 Fax: (850) 487-6064</p> <p>Contact: Keycee Marshall E-mail: <a href="mailto:adamwalsh.requests@myflfamilies.com">adamwalsh.requests@myflfamilies.com</a></p>	<p>Form Required? Yes (<i>Link Below</i>)</p> <p>Form: <a href="#">FL FAH FORM 1651a</a></p> <p>Signed release required? Yes</p> <p>Methods of transmission: E-mail, Fax, or US Mail</p> <p>Fee: No</p> <p><a href="#">Website</a></p>
<p><b>Georgia</b></p>	<p>Georgia DHS- Division of Family and Children Services Attn: Office of Safety Services 2 Peachtree St. NW 18th Floor Atlanta, GA 30303</p> <p>Contact: Magda Warner-Hulitt Phone: (404) 463-7287</p> <p><b>For questions and submissions e-mail to:</b> <a href="mailto:georgiaadamwalshcheck@dhs.ga.gov">georgiaadamwalshcheck@dhs.ga.gov</a></p> <p><b>Also, please ensure that you provide the purpose (adoption, foster care, investigation, home study, employment etc.) of the request and identifying information on your state agency letterhead and submit all documents together. (The agency</b></p>	<p>Form Required? Yes (<i>Link Below</i>)</p> <p><a href="#">GA FORM</a> (Rev.01/06/2016) <b>(Applications will NOT be processed if not typed)</b></p> <p>Method of transmission: Email only</p> <p><b>Georgia's Child Protective Services History:</b> Child protective services historical information remains in the Georgia SHINES data system. Obtaining information from this system is governed by O.C.G.A. Section 49-5-41. This statute requires the agency to share information with local, state or federal governmental entities which are performing their obligations to protect children from abuse or neglect.</p> <p><b>Child Protective Services History Requests are provided to the following:</b></p> <ul style="list-style-type: none"> <li>• A State/Tribal Child Welfare Agency or Governmental Entity</li> <li>• To an investigator appointed by a court of competent jurisdiction in this state (Georgia Superior Court) to investigate a pending petition for adoption.</li> <li>• Submit a request on agency letterhead to include</li> </ul>

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	<b>representative will need to sign the application.)</b>	all identifying information for the individual to be screened.  Fee: No <a href="#">Website</a>
<b>Guam</b>	Bureau of Social Services Administration Department of Public Health & Social Services 194 Hernan Cortez Avenue, #309 Hagatna, Guam 96910  Phone: (671) 475-2653/2672 Fax: (671) 477-0500 E-mail: <a href="mailto:Linda.rodriquez@dphss.guam.gov">Linda.rodriquez@dphss.guam.gov</a>	Form Required? No. Print request for information on letterhead.  Signed release required? Yes  Methods of transmission: Will accept E-mail or Fax to expedite process but requires original form by Mail to release information.  Fee: No
<b>Hawaii</b>	Oahu Child Welfare Services Section 3 Attn: Tonia Mahi 420 Waiakamilo Road, #300A Honolulu, HI 96817  Phone: (808) 832-0609 Fax: (808) 832-0628	Form Required? Yes, <a href="#">HI FORM</a> (Rev.04/2014)  Methods of transmission: Original signature required, mail only  Fee: No  <a href="#">Website</a>
<b>Idaho</b>	IDHW Criminal History Unit Attn: CWIS P.O. Box 83720 Boise, ID 83720  Phone: (208) 332-7990 Fax: (208) 332-7991  E-mail: <a href="mailto:crimhist@dhw.idaho.gov">crimhist@dhw.idaho.gov</a> Contact: Fernando Castro, Program Supervisor Email: <a href="mailto:castrof@dhw.idaho.gov">castrof@dhw.idaho.gov</a>	Form Required? Yes ( <a href="#">Link Below</a> )  <a href="#">ID FORM</a> (Rev.04/2019) <a href="#">HELP</a>  Signed release required? Yes – signed and notarized  Methods of transmission: E-mail, Fax, or US Mail with attachment scanned in PDF format.  Fee: <b>\$20</b> (paid by CDSS)  <a href="#">Website</a>

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<p><b>Illinois</b></p>	<p>Department of Family &amp; Children Services Attn: SCR PCU 406 E. Monroe Street, Station 30 Springfield, IL 62701</p> <p>Phone: (217) 557-0758 Fax: (217) 782-3991</p> <p>E-mail: <a href="mailto:cfs689background@illinois.gov">cfs689background@illinois.gov</a></p>	<p>Form Required? Yes (<a href="#">Link Below</a>)</p> <p>Form: Yes, <a href="#">IL FORM-CFS 689</a> (Rev.07/2012)</p> <p>Signed release required? Yes (unless for investigation)</p> <p>Methods of transmission: E-mail, Fax, or US Mail <b>Subject line: Out-of-State Child Welfare</b></p> <p>Fee: No <a href="#">Website</a></p>
<p><b>Indiana</b></p>	<p>Indiana Dept of Child Services Attn: Background Check Unit 302 W. Washington Room E306-MS08 Indianapolis, IN 46204</p> <p>Phone: (317) 234-5002 Fax: (317) 234-4633</p> <p>Contact: Scott Hood</p> <p>E-mail: <a href="mailto:Background.CheckUnit@dcs.IN.gov">Background.CheckUnit@dcs.IN.gov</a></p>	<p>Form Required? No, send CDSS/CBCB applicant information to include Legal Name, Date of Birth, SSN, Phone Number and Email Address</p> <p>Signed release required? No</p> <p><b>Previous address information is REQUIRED for all applicants. Please enter all past addresses dating back to either January 1, 1988 or your Date of Birth, whichever is most recent.</b> <b>Example 1:</b> If your Date of Birth is 06/05/1995, enter your past addresses dating back to June 1995. <b>Example 2:</b> If your Date of Birth is 03/16/1963, enter your past addresses dating back to January 1988 <b>Note:</b> Address dates may NOT overlap or have any gaps in time between them, or else you will not be able to submit the form.</p> <p>Methods of transmission: Online Portal. CBCB fills out online form and an email will go out to the applicant. A portion will need to be filled out by the applicant, then IN will send results directly to CBCB.</p> <p>Fee: No <a href="#">IN DCS Background Check Webpage</a> <a href="#">ONLINE PORTAL</a></p>

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<b>Iowa</b>	<p>Iowa Department of Human Services Attn: Central Abuse Registry P.O. Box 4826 Des Moines, IA 50305</p> <p>Phone: (515) 362-7404 Fax: (515) 564-4112</p> <p>E-mail: <a href="mailto:DHSAbuseRegistry@dhs.state.iowa.us">DHSAbuseRegistry@dhs.state.iowa.us</a> Contact: Linda Chagoya</p>	<p>Form Required? Yes (<i>Link Below</i>) <a href="#">IA FORM</a> (Rev.02/2016)</p> <p>Signed release required? No</p> <p>Methods of transmission: E-mail is preferred; placing the word "confidential" in the subject line will ensure messages travel as appropriate through our security filter. <b>Fax is OK too.</b></p> <p>Fee: No <a href="#">Website</a></p>
<b>Kansas</b>	<p>Kansas Department of Children &amp; Families Attn: Office of Background Investigations P.O. Box 2637 Topeka, KS 66601</p> <p>Fax: (785) 296-8609</p> <p>E-mail: <a href="mailto:DCF.CentralRegistry@ks.gov">DCF.CentralRegistry@ks.gov</a></p>	<p>Form Required? Yes (<i>Link Below</i>) <a href="#">KS Form PPS1011</a> (Rev.04/2018)</p> <p>Signed release required? Yes</p> <p>Methods of transmission: E-mail, Fax, or US Mail</p> <p>Fee: No fee for state agencies, all others must pay <b>\$10</b> per form.</p> <p><a href="#">Website</a></p>
<b>Kentucky</b>	<p>Cabinet for Health &amp; Family Services, DCBS Attn: Records Management Section 275 East Main Street, 3E-G Frankfort, KY 40621</p> <p>Phone: (502) 564-3834 Fax: (502) 564-9554</p> <p>Contact: Amy Phelps E-mail: <a href="mailto:AmyE.phelps@ky.gov">AmyE.phelps@ky.gov</a></p>	<p>Form Required? No. Print request for information on letterhead. Include reason for your request, applicant(s) full name, maiden name (if applicable), date of birth, and full social security number. Agency representative needs to sign the request letter.</p> <p>Signed release required? No</p> <p>Methods of transmission: E-mail, Fax, or US Mail</p> <p>Fee: No <a href="#">Website</a></p>

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<p><b>Louisiana</b></p>	<p>Louisiana Department of Children &amp; Family Services – Child Welfare Attn: CPS Intake P.O. Box 3318 Baton Rouge, LA 70821</p> <p>Phone: (225) 342-9928 Fax: (225) 342-3480</p> <p>Contact: Lori Miller, Section Administrator</p> <p>E-mail: <a href="mailto:DCFS.ChildProtectiveServices@LA.GOV">DCFS.ChildProtectiveServices@LA.GOV</a></p>	<ul style="list-style-type: none"> <li>Form: Yes, <a href="#">LA FORM</a> (Rev.07/2018) - <b>Also, copy of valid Photo ID</b></li> </ul> <p>The following types of clearances must be submitted through the Louisiana Child Abuse and Neglect Clearance System (CANS):</p> <ul style="list-style-type: none"> <li>Clearances for Out of State Licensed Child Care Facilities (must be requested by the licensed facility and requires a nonrefundable \$25.00 fee)</li> <li>Requests from Out of State Child Protective Agencies only for investigation purposes (not home studies) (no fee currently)</li> <li>Requests for Out of State Agencies conducting home studies for foster children or as part of an open child welfare case (no fee currently)</li> <li>Requests for Louisiana DCFS Licensed Facilities (must be requested by the licensed facility and requires a nonrefundable \$25.00 fee) *Effective 10/1/18</li> </ul> <p>CANS system can be accessed through the following link: <a href="#">CANS Online Portal</a></p> <p>***Please visit the following website for additional information: <a href="#">Website</a></p> <ol style="list-style-type: none"> <li>1. Select Child Welfare (on the left) under service providers</li> <li>2. Then select Child Abuse/Neglect Background checks (on the left) under Child Welfare</li> <li>3. Finally click on the following link, <a href="#">CANS</a>, provided in the fourth paragraph.</li> </ol> <p>Fee: No</p> <p><a href="#">Website</a></p>
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# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES - July 05, 2019

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<b>Maine</b>	DHHS, Office of Child & Family Services Attn: Child Protective Intake Unit 2 Anthony Avenue, SHS #11 Augusta, ME 04333  Phone: (800) 452-1999 ext. 2 Fax: (207) 287-5065	Form Required? No. Print request for information on letterhead.  Signed release required? No  Methods of transmission: Mail or Fax  Fee: No
<b>Maryland</b>	Maryland Department of Human Resources In-Home Services Attn: Social Services Administration 311 W. Saratoga Street, Room 553 Baltimore, MD 21201  Phone: (800) 332-6347 or (410) 767-7112	Form Required? Yes ( <i>Link Below</i> )  <a href="#">MD FORM DHR/SSA 1279A</a> (Rev.03/2017) <b>(Applications will NOT be processed if not typed)</b>  Signed release required? Yes, and notarized  Methods of transmission: Original signature required, mail only  Fee: No  <a href="#">Website</a>
<b>Massachusetts</b>	Massachusetts Dept. of Children & Families Attn: CORI Unit 600 Washington Street, 6 <sup>th</sup> Floor Boston, MA 02111  Phone: (617) 748-2203 Toll Free: (800) 792-5200 Fax: (617) 748-2441  Contact: Ibeliv Rosa  E-mail: <a href="mailto:Ibeliv.Rosa@massmail.state.ma.us">Ibeliv.Rosa@massmail.state.ma.us</a>	Form Required? Yes ( <i>Link Below</i> )  <a href="#">MA FORM</a> (Rev.04/19/2016)  Signed release required? Yes, and notarized.  Methods of transmission: Mail (if requesting by mail send SASE) or Fax  Fee: No  <a href="#">Website</a>

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<b>Michigan</b>	<p>Michigan Dept. of Health &amp; Human Services  Attn: Division of Child Welfare Licensing  P.O. Box 30650  Lansing, MI 48909</p> <p>Phone: (269) 337-5237  Fax: (517) 763-0280</p>	<p>Form Required? Optional, but preferred (<i>Link Below</i>)</p> <p><a href="#">MI FORM DHS-1929</a> (Rev.04/2019) (<b>Optional</b>)  Print request on letterhead &amp; include following:  reason for request, family names, DOB, SS#.</p> <p>Signed release required? No</p> <p>Methods of transmission: Fax</p> <p>Fee: No</p> <p><a href="#">Website</a></p>
<b>Minnesota</b>	<p>Minnesota Department of Human Services  Attn: Background Studies Unit  P.O. Box 64172  St. Paul, MN 55164-0242</p> <p>Phone: (651) 478-8254  Fax: (651) 431-7670</p> <p>Contact: Lori Steffan or  Stephan Sarumi</p>	<p>Form Required? Yes (<i>Link Below</i>)</p> <p><a href="#">MN FORM DHS-7124-ENG</a> (Rev.02/2017)</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail</p> <p>Fee: <b>\$20</b> (paid by CDSS)</p> <p><a href="#">Website</a></p>
<b>Mississippi</b>	<p>Dept. of Human Services  Attn: Protection Unit  P.O. Box 352  Jackson, MS 39205-0352</p> <p>Toll-Free: (800) 222-8000  Phone: (601) 359-4487  Fax: (601) 576-2584</p>	<p>Form: <b>NO</b>, Mississippi uses <b>DocuSign</b>.</p> <p>Provide CBCB with the <b>applicant's valid email address on the LIC-198B</b>. Applicant will receive an email with a link to the DocuSign to complete their portion.</p> <p>Signed release required? Yes, via email using DocuSign</p> <p>Methods of transmission: DocuSign</p> <p>Fee: No</p>

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<b>Missouri</b>	<p>Missouri Department of Social Services Children's Division Attn: Background &amp; Screening Unit P.O. Box 88 Jefferson City, MO 65103</p> <p>Phone: (573) 526-1438</p> <p>Contact: Sara E. Smith E-mail: <a href="mailto:Sara.E.Smith@dss.mo.gov">Sara.E.Smith@dss.mo.gov</a></p>	<p>Form Required? Yes (<i>Link Below</i>) <a href="#">MO FORM</a> (Rev.02/2015)</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail or E-mail <a href="mailto:BSIUForms.CD@dss.mo.gov">BSIUForms.CD@dss.mo.gov</a></p> <p>Fee: No</p> <p><a href="#">Website</a></p>
<b>Montana</b>	<p>Montana Child &amp; Family Services Division Attn: Records Request P.O. Box 8005 Helena, MT 59604-8005</p> <p>Phone: (406) 841-2400 Fax: (406) 841-2487</p>	<p>Form Required? Yes (<i>Link Below</i>) <a href="#">MT FORM DPHHS-CFS/LIC018</a> (Rev.03/01/2013)</p> <p>Signed release required? Yes &amp; notarized</p> <p>Methods of transmission: Mail (if requesting by mail send SASE) or Fax</p> <p>Fee: No</p> <p><a href="#">Website</a></p>
<b>Nebraska</b>	<p>Nebraska Health &amp; Human Services Attn: DHHS Accounting P.O. Box 94906 Lincoln, NE 68509-5026</p> <p>Phone: (402) 471-9272 Fax: (402) 742-2344</p> <p>Contact: CPS Central Registry</p> <p>E-mail: <a href="mailto:dhhs.cfscentralregistry@nebraska.gov">dhhs.cfscentralregistry@nebraska.gov</a></p>	<p>Form Required? Yes (<i>Link Below</i>) <a href="#">NE FORM CFS-5</a> (Rev.06/2018) <b>(Application will NOT be processed if not notarized)</b></p> <p>Signed release required? Yes</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: <b>\$2.50</b> (paid by CDSS)</p> <p><a href="#">Website</a></p>

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<p><b>Nevada</b></p>	<p>Nevada Division of Child &amp; Family Services Attn: Nevada Central Registry 4126 Technology Way, 3rd Floor Carson City, NV 89706</p> <p>Contact: Bruce Cole Phone: (775) 684-7941</p> <p>E-mail - <a href="mailto:DCFS-CANS@dcfs.nv.gov">DCFS-CANS@dcfs.nv.gov</a></p>	<p>Form Required? Yes (<i>Link Below</i>) <a href="#">NV FORM 0515A</a> (Rev.08/26/2010)</p> <p>Signed release required? No (signed release required for Employer requests only)</p> <p>Methods of transmission: E-mail</p> <p>Fee: No</p> <p><a href="#">Website</a></p>
<p><b>New Hampshire</b></p>	<p>NH Division for Children, Youth, and Families Attn: Central Registry, Brown Bldg.– 4<sup>th</sup> Floor 129 Pleasant Street Concord, NH 03301</p> <p>Phone: (603) 271-8383 Fax: (603) 271-4729</p> <p>Contact: Susan Hallett-Cook</p>	<p>Form Required? Yes (<i>Link Below</i>) <a href="#">NH FORM 2202A</a> (Rev.12/2008)</p> <p>Signed release required? Yes - Notarized</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: No</p> <p><a href="#">Website</a></p>
<p><b>New Jersey</b></p>	<p>Department of Children &amp; Families Attn: Office of Licensing/CARI Unit P.O. Box 717 Trenton, NJ 08625-0717</p> <p>Phone: (609) 888-7711 Toll-Free: (877) 667-9845</p> <p>CARI Unit: (855) 744-4913</p> <p>Contact: Judith Williams</p>	<p><b>All requests must be electronically submitted with the correct requesting agency contact information.</b></p> <p><b>How to obtain an Out-of-State CARI Background Check:</b></p> <ul style="list-style-type: none"> <li>• Please cite the statute that requires you to obtain the child abuse/neglect background check(s) and <b>identify</b> the reason for the background check(s) (i.e. employment, domestic/international adoption for resource (foster) care.</li> <li>• <b>The information that the CARI Unit requires on the individual includes all</b></li> </ul>

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		<p><b>aliases (married, maiden names, nicknames), race, date of birth, and all addresses where the person(s) resided while living in the State of New Jersey. Please include timeframe (months/years) when the individual lived in New Jersey. If the exact address is not known by the individual, the city or county that he/she lived in during the timeframe will suffice. Social security number is optional.</b></p> <ul style="list-style-type: none"> <li>• Identify the individual making the request, job title and phone number.</li> <li>• Private adoption and foster care agencies must provide the agency license from the state where they are located.</li> <li>• If other than an Adam Walsh, Hague Convention, or UAA of 2012 request, include a copy of the state statute which compels the disclosure of CARL information.</li> </ul> <p>Fee: No  <a href="#">Website</a>  <a href="#">ONLINE PORTAL</a></p>
<b>New Mexico</b>	<p>CYFD Protective Services  Attn: CRC Unit Room 225  P.O. Drawer 5160  Santa Fe, NM 87502</p> <p>Phone: (505) 827-8400  Contact: Ask for CRC Unit</p> <p>E-mail:  <a href="mailto:CYFD.PSCriminalReco@state.nm.us">CYFD.PSCriminalReco@state.nm.us</a></p>	<p>Form Required? Yes (<i>Link Below</i>)  <a href="#">NM FORM</a> (Rev.03/2017)  <b>(Applications will NOT be processed if not typed.)</b></p> <p>Signed release required? Yes, and notarized</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: No  <a href="#">Website</a></p>

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<b>New York</b>	<p>New York State Central Register Attn: Office of Children &amp; Family Services P.O. Box 4480 Albany, NY 12204</p> <p>Form Info: (518) 474-5297 Phone: (800) 342-3720 Fax: (518) 486-3424</p> <p>Contact: Roberta Frederick</p>	<p>Form Required? Yes (<i>Link Below</i>) <a href="#">FORM OCFS-7067</a> (Rev.12/2017)</p> <p>Signed release required? Yes - notarized</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: No</p> <p><a href="#">Website</a></p>
<b>North Carolina</b>	<p>N.C. Division of Social Services Attn: RIL 820 S. Boylan Ave., MSC 2408 Raleigh, NC 27699-2408</p> <p>Phone: (919) 527-6340 Fax: (919) 715-6714</p>	<p>Form Required? Yes (<i>Link Below</i>) <a href="#">NC FORM DSS-5268</a> (Rev.12/2013)</p> <p>Method of transmission: Fax</p> <p>Fee: No</p> <p><a href="#">Website</a></p>
<b>North Dakota</b>	<p>Children &amp; Family Services Attn: CBCU 600 E. Boulevard Ave, Dept. 325 Bismarck, ND 58505-0250</p> <p>Phone: (701) 328-1846 Fax: (701) 328-0358</p> <p>Contact: Tara Reed E-mail: <a href="mailto:dhscfscbc@nd.gov">dhscfscbc@nd.gov</a></p>	<p>Form Required? Yes (<i>Link Below</i>) <a href="#">ND FORM SFN 433</a> (Rev.02/2019)</p> <p>Signed release required? Yes, part of SFN 433</p> <p>Methods of transmission: E-mail, Fax, or US Mail</p> <p>Fee: No</p> <p><a href="#">Website</a></p>
<b>Ohio</b>	<p>Ohio Dept. of Job &amp; Family Services Attn: SACWIS Registry Search Request P.O. Box 183204 Columbus, OH 43218-3204</p>	<p>Form Required? Yes (<i>Link Below</i>) <a href="#">OH FORM</a> (Rev.08/2018) <a href="#">Instructions</a> <b>(Applications will NOT be processed if not typed.)</b></p>

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	<p>Phone: (614) 752-1298 (866) 635-3748 OPTION 2 Fax: (614) 728-6726</p> <p>E-mail: <a href="mailto:SACWIS_Registry_Request@fs.ohio.gov">SACWIS_Registry_Request@fs.ohio.gov</a></p>	<p>Methods of transmission: E-mail, Fax, or US Mail. Subject line: <b>OUT OF STATE REQUEST / ADOPTION</b></p> <p><b><i>The signed request must be accompanied by a government-issued document that confirms your Social Security number and one other form of appropriate photo Identification.</i></b></p> <p><b><i>Appropriate documents to confirm your Social Security Number include the following:</i></b></p> <ul style="list-style-type: none"> <li>• A copy of your official Social Security card issued by the Social Security Administration.</li> <li>• A 2017 or 2018 W-2 wage and tax statement, displaying full Social Security Number. Wage and tax details may be crossed out on the W-2 form; your name and 9-digit Social Security Number is all that needs to be revealed on the statement.</li> <li>• A Social Security Administration 1099 form that displays your completed Social Security Number but must not be handwritten.</li> <li>• A receipt from the from the Social Security Administration that you have applied for a new or replacement Social Security card. The receipt will display your 9-digit Social Security Number.</li> </ul> <p><b><i>Appropriate documents to submit for your second form of identification include the following:</i></b></p> <ul style="list-style-type: none"> <li>• Standard DL-ID or Compliant DL-ID Driver License or State Identification card.</li> <li>• Birth Certificate.</li> <li>• U.S. Visa (travel passport).</li> </ul> <p><a href="#">Website</a></p>
Oklahoma	<p>OK DHS Children &amp; Family Services Division Attn: Laurie Anne Morris P.O. Box 25352</p>	<p><b>Form: No</b> <b>Please note: Oklahoma does not participate in Adam Walsh background checks for prospective foster/adoption parents.</b></p>

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	Oklahoma City, OK 73125  <b><u>Request Processing Worker</u></b> Laurie Anne Morris Phone: (405) 522-4051	
Oregon	Oregon DHS - Background Check Unit Attn: Adam Walsh Coordinator P.O. Box 14870 Salem, OR 97309-5066  Fax: (503) 378-6314  E-mail: <a href="mailto:Adam-Walsh.Oregon@state.or.us">Adam-Walsh.Oregon@state.or.us</a>	Form Required? Yes ( <i>Link Below</i> )  <a href="#">OR FORM MSC 2702</a> (Rev.04/2018)  Signed release required? Yes  Put request on agency letterhead. Include the full name, maiden name, any other akas of each applicant, their gender, DOB, SS#, reason for request: adoption or foster. Requests should state that the information is required to comply with the Adam Walsh Child Protection and Safety Act of 2006. The results will be securely emailed back.  Methods of transmission: E-mail, Fax, or US Mail  Fee: No <a href="#">Website</a>
Pennsylvania	ChildLine Verification Unit Department of Human Services Attn: Child Abuse Clearance P.O. Box 8170 Harrisburg, PA 17105-8170  Phone: (717) 783-6211 Toll-Free: (877) 371-5422  E-mail: <a href="mailto:RA-PWCHILDLINEOOS@pa.gov">RA-PWCHILDLINEOOS@pa.gov</a>	Form Required? Yes ( <i>Link Below</i> )  <a href="#">PA FORM CY 113</a> (Rev. 12/2015) <a href="#">Online PA Portal</a>  Signed release required? Yes <a href="#">Release Form</a> The agency must submit an authorization/release of information form in order to receive information on out of state requests.  Fee: <b>\$13</b> (paid by CDSS) Method of Transmission: <ul style="list-style-type: none"> <li>For Out of State requests walk-in and mail only. Questions can be directed to the <a href="mailto:RA-PWCHILDLINEOOS@pa.gov">RA-PWCHILDLINEOOS@pa.gov</a> email account.</li> <li>More information about Pennsylvania Child Abuse Clearances can be found at <a href="#">Website</a>.</li> </ul>

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<p><b>Puerto Rico</b></p>	<p>Directora Centro Estatal P.O. Box 11398 San Juan, PR 00910-1398</p> <p>Phone: (787) 625-4900 x1720</p> <p>Contact: Wilda Moctezuma / Damaris Medina E-mail <a href="mailto:wmoctezuma@familia.pr.gov">wmoctezuma@familia.pr.gov</a> Or <a href="mailto:DMedina@familia.pr.gov">DMedina@familia.pr.gov</a></p>	<p>Form Required? Yes (<i>Link Below</i>) <a href="#">Puerto Rico FORM</a> (Rev.11/2010)</p> <p>Signed release required? No</p> <p>Methods of transmission: E-mail: <a href="mailto:wmoctezuma@adfan.pr.gov">wmoctezuma@adfan.pr.gov</a></p> <p>Fee: No</p>
<p><b>Rhode Island</b></p>	<p>Department of Children, Youth, and Families Attn: Record Center 2nd Floor 101 Friendship Street Providence, RI 02903</p> <p>Phone: (800) 742-4453 (401) 528-3842 Fax: (401) 528-3480</p> <p>Contact: Jan Mitchell E-mail: <a href="mailto:Janice.mitchell@dcyf.ri.gov">Janice.mitchell@dcyf.ri.gov</a></p>	<p>Form Required? No</p> <p>Request on Agency Letterhead (including name, any maiden name or alias, date of birth, last four of their SS, and where they resided in RI)</p> <p>Signed release required? Yes, and witnessed</p> <p>Methods of transmission: US Mail or Fax</p> <p>Fee: <b>\$10</b> - State agencies outside of Rhode Island are not required to pay the fee. <a href="#">Website</a></p>
<p><b>South Carolina</b></p>	<p>South Carolina Department of Social Services Attn: Central Registry P.O. Box 1520 Columbia, SC 29202-1520</p> <p>Phone: (803) 898-7318 Fax: (803) 898-7641</p> <p>Contact: Portia T. Hawkins E-mail: <a href="mailto:portia.hawkins@dss.sc.gov">portia.hawkins@dss.sc.gov</a> or</p>	<p>Form Required? Yes (<i>Link Below</i>) <a href="#">SC FORM 3072</a> (Rev.05/2018)</p> <p>Signed release required? Yes, witnessed <b>OR</b> notarized. Witness <b>OR</b> notary <b><u>MUST SIGN</u></b> form.</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: <b>\$8</b> (paid by CDSS) <a href="#">Website</a></p>

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# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES - July 05, 2019

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	Louise Cooper E-mail: <a href="mailto:louise.cooper@dss.sc.gov">louise.cooper@dss.sc.gov</a>	
<b>South Dakota</b>	DSS - Division of Child Protection Attn: Nicole LeBeau – Central Registry 700 Governors Drive Pierre, SD 57501-2291  Phone: (605) 773-3227 Fax: (605) 773-6834  Contact: Nicole LeBeau E-mail: <a href="mailto:nicole.lebeau@state.sd.us">nicole.lebeau@state.sd.us</a>	Form Required? Yes ( <i>Link Below</i> )  <a href="#">SD FORM</a> (Rev.01/2018)  Signed release required? Yes, witnessed and notarized  Methods of transmission: Original signature required, mail only  Fee: No  <a href="#">Website</a>
<b>Tennessee</b>	Tennessee Dept. of Children's Services Attn: UBS Tower, 7 <sup>th</sup> Floor (Due Process Procedure) 315 Deaderick Street Nashville, TN 37243  Contact: Larry Phillips Phone: (615) 532-9856  E-mail: <a href="mailto:EI_DCS_CPS_CentralRegistryCheck@tn.gov">EI_DCS_CPS_CentralRegistryCheck@tn.gov</a>	Form Required? Yes ( <i>Link Below</i> )  <a href="#">TN FORM CS-0741</a> (Rev.05/2015)  Signed release required? Yes A copy of the person's signed "authorization to release information" specifically stating information is to be released from Tennessee Department of Children's Services to your agency. <b>NOTE:</b> This is NOT a TN form. This is a form that your agency should have, giving permission for "your" agency to "request" the information and "our" agency (TN Department of Children's Services) to "release" any CPS history information to "you".  Methods of transmission: E-mail Only: <a href="mailto:EI_DCS_CPS_CentralRegistryCheck@tn.gov">EI_DCS_CPS_CentralRegistryCheck@tn.gov</a> In the subject line enter Out of State Request along with applicant's first initial and last name.  Fee: No  <a href="#">Website</a>

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<b>Texas</b>	<p>Texas Department of Family &amp; Protective Services Attn: CBCU TX Abuse Neglect, M/C 121-7 P.O. Box 149030 Austin, TX 78714-9030</p> <p>Phone: (800) 645-7549 Fax: (512) 339-5829</p> <p>E-mail (Preferred): <a href="mailto:TXAbuseNeglectBGC@dfps.state.tx.us">TXAbuseNeglectBGC@dfps.state.tx.us</a></p>	<p>Form Required? Yes (<i>Link Below</i>) <a href="#">TX FORM F-500-2970</a> (Rev.09/2017)</p> <p>Signed release required? Yes, notarized</p> <p>Requestors can scan/email the 2970 form directly to: <a href="mailto:TXAbuseNeglectBGC@dfps.state.tx.us">TXAbuseNeglectBGC@dfps.state.tx.us</a> or fax to: (512) 339-5829.</p> <p>Fee: No</p> <p><a href="#">Website</a></p>
<b>Utah</b>	<p>Division of Child &amp; Family Services Department of Human Services Attn: Background Screening 195 North 1950 West Salt Lake City, UT 84116</p> <p>Phone: (801) 538-4466 Fax: (801) 538-3993</p> <p>Contact: Cherri Joy <a href="mailto:dcfscentralregistry@utah.gov">dcfscentralregistry@utah.gov</a></p>	<p>Form Required? Yes (<i>Link Below</i>) <a href="#">UT FORM</a> (Rev.02/2019) <b>Also, a valid Photo ID, Driver's License, or Passport</b></p> <p>Signed release required? Yes</p> <p>Methods of transmission: E-mail, Fax, or US Mail</p> <p>Fee: No</p> <p><a href="#">Website</a></p>
<b>Vermont</b>	<p>DCF-Child Protection Registry Attn: Child Abuse Registry Unit HC 1 North Bldg. B 280 State Drive Waterbury, VT 05671-2401</p> <p>Phone: (802) 541-0873 Fax: (802) 241-3301</p> <p>Contact: JoAnn Berno <a href="mailto:JoAnn.Berno@vermont.gov">JoAnn.Berno@vermont.gov</a></p>	<p>Form Required? Yes (<i>Link Below</i>) <a href="#">VT FORM</a> (Rev.03/31/2017)</p> <p>Signed release required? Yes, and <b>must</b> be notarized</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: No</p> <p><a href="#">Website</a></p>

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<p><b>Virginia</b></p>	<p>Virginia Dept. of Social Services Office of Background Investigations Attn: Central Registry Search Unit 801 East Main Street, 6th Floor Richmond, VA 23219-2901</p> <p>Phone: (804) 726-7099 Toll-Free: (800) 552-7096 Fax: (804) 726-7897</p> <p>Contact: Kristen Eckstein, Program Manager</p> <p><a href="mailto:crs_operations@dss.virginia.gov">crs_operations@dss.virginia.gov</a></p>	<p>Form required? Yes, <b>and notarized</b>. (<i>Link Below</i>)</p> <p>It is preferred that Part III of the Virginia form include the Notary Seal. However, Virginia will accept the Notary Stamp on a separate form if Part III fields are completed by the Notary.</p> <p><a href="#">VA FORM 032-02-0151-12</a> (Rev.08/2015)</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: Yes - <b>\$10</b> (<i>paid by CDSS</i>)</p> <p><a href="#">Website</a></p>
<p><b>Virgin Islands</b></p>	<p>Department of Human Services Children &amp; Family Services Attn: Division Intake and Emergency Services Knud Hansen Complex 1303 Hospital Ground St. Thomas, VI 00802</p> <p>Phone: (340) 774-0930 x4393 Fax: (340) 774-0082</p> <p>Contact: Carla Benjamin E-mail: <a href="mailto:carla.benjamin@gmail.com">carla.benjamin@gmail.com</a> Or Janet Turnbull-Krigger, Administrator E-mail: <a href="mailto:turnbullkrigger@yahoo.com">turnbullkrigger@yahoo.com</a></p>	<p>Form: No, Place request information on letterhead</p> <p>Signed release required? No</p> <p>Method of transmission: E-mail</p> <p>Fee: No</p>

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Washington	<p>DSHS Children's Administration, FISCAL NCIC Access Unit Central Intake Office Attn: CAN History Check P.O. Box 45710 Olympia, WA 98504-5710</p> <p>Phone: (800) 562-5624 Fax: (206) 341-7930</p> <p>Contact: Lucy McCornell <a href="mailto:CANhistorychecks@dcyf.wa.gov">CANhistorychecks@dcyf.wa.gov</a> <a href="#">ov</a></p>	<p>Form Required? Yes (<i>Link Below</i>)</p> <p><a href="#">WA FORM DSHS 23-041</a> (Rev.02/2019) <b>(Applications will NOT be processed if not typed.)</b></p> <p>Signed release required? Yes</p> <p>Methods of transmission: E-mail, Fax, or US Mail</p> <p>Fee: <b>\$20</b> (paid by CDSS)</p> <p><a href="#">Website</a></p>
West Virginia	<p>West Virginia DHHR 350 Capitol Street, RM 691 Charleston, WV 25301</p> <p>Phone: (304) 558-4408 Toll-Free: (800) 352-6513 Fax: (304) 558-5354</p> <p>Contact: Elizabeth Hughes <a href="mailto:Elizabeth.A.Hughes@wv.gov">Elizabeth.A.Hughes@wv.gov</a></p>	<p>Form Required? Yes (<i>Link Below</i>)</p> <p><a href="#">WV FORM BCF-PSRC</a> (Rev.05/01/2019)</p> <p>Signed release required? Yes, requires original signature.</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: No</p> <p><a href="#">Website</a></p>
Wisconsin	<p>Department of Children and Families Attn: Division of Safety and Permanence 201 E. Washington Street Madison, WI 53703</p> <p>Fax: (608) 226-5521</p> <p><a href="mailto:CWBckgrdRequests@wisconsin.gov">CWBckgrdRequests@wisconsin.gov</a></p>	<p>Form Required? Yes (<i>Link Below</i>)</p> <p><a href="#">WI FORM DCF-F-5065-E</a> (Rev.10/2018)</p> <p>Signed release required? Yes</p> <p>Methods of transmission: E-mail or Fax</p> <p>Fee: Not at state level but counties may charge fee.</p> <p><a href="#">Website</a></p>

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<p><b>Wyoming</b></p>	<p>Department of Family Services Attn: Central Registry 2300 Capitol Ave. 3<sup>RD</sup> Floor Cheyenne, WY 82002</p> <p>Phone: (307) 777-8538 Fax: (307) 777-3693</p> <p>Stephanie Knowles (307) 777-5894 <a href="mailto:stephanie.knowles@wyo.gov">stephanie.knowles@wyo.gov</a> or Heidi Teasley (307) 777-8538 <a href="mailto:heidi.teasley@wyo.gov">heidi.teasley@wyo.gov</a></p>	<p>Form Required? Yes, (<i>Link Below</i>)</p> <p><a href="#">WY FORM SS-26 EX</a> (Rev.07/01/2018)</p> <p>Signed release required? Yes, with original signature</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: <b>\$10</b> (<i>paid by CDSS</i>) (<b><i>Waived for a state agency request</i></b>)</p> <p><a href="#">Website</a></p>
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